



STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
DIVISION OF MENTAL RETARDATION SERVICES  
ANDREW JACKSON BUILDING, 15<sup>TH</sup> FLOOR  
500 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243  
March 21, 2005

MEMORANDUM

TO: DMRS Contracted Supported Living Agencies

FROM: Stephen H. Norris *SHN*  
Deputy Commissioner  
Division of Mental Retardation Services

SUBJECT: Inspection of Supported Living Homes

Effective April 15, 2005 all supported living homes must be inspected prior to the person moving, whether or not the person receives MR housing. Homes that were already inspected by the Tennessee Housing Development Agency do not have to be re-inspected until the two year review is due.

1. Each new home will be inspected by the Division of Mental Retardation Services prior to move-in and every two years thereafter. To schedule the inspection, email the enclosed request form to DMRS to:  
[Betty.Chester@state.tn.us](mailto:Betty.Chester@state.tn.us)
2. When a supported living home is totally vacated the agency needs to email the enclosed home closure form to DMRS at the same email address so that it can be removed from the database.

Enclosed is the checklist that will be used to inspect supported living homes. We have marked the asterisks those items that will require a re-inspection if a deficiency is found. Deficiencies that are noted with a double asterisk must be corrected and re-inspected before occupancy. Deficiencies that are noted with a single asterisk must be corrected within 30 days and will be re-inspected to verify the correction. If not corrected, funding may be discontinued.

**MEMORANDUM**

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The provider will be notified at the conclusion of the inspection of any deficiencies that were identified.

If you have any concerns or questions, please call Brian Dion at (615) 532-5756.

SHN/bdc

Enclosures: DMRS Supported Living Inspection Form  
Request to Inspect Form  
Home Closure Form

Cc: ISC Agency Directors  
Larry Latham, DMRS  
Paula McHenry, DMRS  
Sandra Clamp, WTRO  
Kingsport PHA  
Janet Fly, WTRO  
Fred Coe, ETRO  
Faye Copeland, MTRO  
Betty Chester, DMRS

• **DMRS HOME INSPECTION FORM FOR SUPPORTED LIVING**

The checklist is used prior to anyone moving into a home or apartment. It is important all Independent Support Coordination agencies and residential providers are aware of these items so appropriate residences are selected for people. Some basic items that should be in place before a home or apartment is selected or occupied are:

1. \*\*At least one smoke detector must be operable.
2. \*Lights must have globe covers including those in closets.
3. \*\*There is a second means of exit (window or door).
4. \*\*All outlets near a water source (i.e.: sink) must be GFCI.
5. \*\*Handrails must be present on exterior steps and ramps.
6. \*Windows made to open easily and stay open without props.
7. \*\*A second floor bedroom can not be used for a person using an ambulation aid.

Any of these items not in place will make a home ineligible to be occupied.

\*Deficiency to be corrected within 30 days.

\*\*Deficiency would fail and home is not to be occupied.

	YES	NO	
*Are there any leaks in the roof or ceiling?			
Are there any holes in the floor or walls?			
Are there any plumbing leaks or other plumbing problems?			
Are there any electrical problems?			
*Are there any cracks or breaks in any of your windows?			
Are there any locks on all of your windows in each room?			
*Will at least one window in each room remain up when raised?			
Does your oven and all 4 burners on your stove work properly?			
	<b>GAS</b>	<b>OR</b>	<b>ELECTRIC</b>
	<b>YES</b>	<b>NO</b>	
Does your freezer or refrigerator work properly?			
Do you have any bugs or mice?			
Do you have a key to unlock your doors?			
What kind of water do you have?	<b>CITY</b>	<b>COUNTY</b>	<b>WELL</b>
Do you have any problems with your water, such as leaks, rust or corrosion, odors or inadequate pressure?			
Is the water heater?	<b>GAS</b>	<b>OR</b>	<b>ELECTRIC</b>
What kind of sewer system do you have?	<b>CITY</b> Septic Tank	<b>COUNTY</b> Private	
If septic tank, have you had any problems?	<b>YES</b>	<b>NO</b>	<b>WHAT KIND?</b>
What kind of air conditioning do you have?	<b>Central</b> None	<b>Window</b> Other	
Is your heat.....	<b>GAS</b>	<b>OR</b>	<b>ELECTRIC</b>
If gas, is it.....	<b>NATURAL</b>	<b>OR</b>	<b>PROPANE</b>
What kind of heat do you have?	<b>Central</b> Wood	<b>Wall Unit</b> Vented Gas	<b>Ventless Gas</b> Baseboard
	<b>Radiant</b>	<b>Floor Furnace</b>	<b>Other</b>
Are you having any problems with your heat?	<b>YES</b>	<b>NO</b>	<b>WHAT KIND</b>

**Inspection Codes:**

**Pass:** Meets specified requirement acceptable for move in or continued occupancy.

**Pass with Conditions (AC):** The deficiency not considered to be of a nature which adversely impacts the health of the participant or the livability of the unit. These corrections need to be made within 30 days.

**Fail:** Does not meet specified requirement acceptable for move in or continued occupancy. The deficiency found would impact the health of the participant and/or safety/livability of the unit.

Item #		P	F	Pw/C	Repair required/Comments
101.00	Is there a living room?				
102.01	Are there at least two working outlets or one working outlet and one working permanently installed ceiling or wall light fixture?				
103.01	Are all outlets/switches flush with the wall and do they have unbroken tight fitting cover plates?				
103.02	Are light fixtures/ceiling fans secured to wall or ceiling?				
**103.03	Is room free from any frayed or exposed wiring and is the wiring the proper type?				
*103.05	Do all permanently installed ceiling or walk light fixtures have covers, if they were designed to have covers?				
*104.01	Do all windows and doors that are accessible from the outside have secure frames and acceptable locks that work? NOTE: Padlocks are not allowed: if door is partially glass then doubled keyed locks are allowed (if there is not glass present, then the "flip" type lock can be installed.)				
105.01	Is there at least one window? (which opens to the exterior)				
*105.02	Are all windows airtight, free of breaks/cracks and do sashes meet? Any other detonation?				
105.03	If windows are made to open, will at least one window open? (SEE ITEM 830.02) Does this window have a screen, if no central A/C? Is screen torn, missing, need to be replaced? NOTE: Props are not allowed in any windows.				
105.06	Are exterior doors airtight, have adequate weather stripping and sound threshold? If storm door is present, is it properly installed?				
105.07	Are interior doors opening into rooms properly installed and stay shut? Any hazardous conditions? Doorknobs properly installed?				
105.08	Are closet doors properly installed and do they shut? Any hazardous conditions? Doorknobs properly installed?				
Item #		P	F	Pw/C	Repair required/Comments
106.01	Is the ceiling sound and free from hazardous defects, leaks, holes, bulges?				
107.01	Are the walls sound and free from hazardous defects, or holes?				
*108.01	Is the floor sound and free from hazardous				

	defects, holes, bulges, soft spot or tripping hazards?				
109.01	Are all large interior painted surfaces (ceilings, floors, doors, walls, etc.) free of deteriorated paint?				
118.02	Is there a direct or indirect heat source?				
119.04	Does the permanent heater have a knob, and appear to be properly installed? (wall units, baseboards, vented gas, etc.)				
	<b>KITCHEN</b>				
*202.01	Is there at least two working outlet or one working permanently installed ceiling or wall light fixture? (All light fixtures near water must have GFCI.)				
203.01	Are all outlet fixtures flush with the wall and do they have unbroken, tight fitting cover plates?				
203.02	Are light fixtures/ceiling fans secured to the wall or ceiling?				
203.03	Are stove and refrigerator plugged into an outlet? NOTE: The stove or refrigerator cannot be plugged in an extension cord.				
205.07	Are interior doors opening into rooms properly installed and stay shut? Any hazardous conditions? Door knobs properly installed?				
205.08	Are closet doors properly installed and stay shut? Door knobs properly installed?				
209.01	Does the vent fan over the stove operate properly?				
**210.01	Is there a microwave or stove with an oven and all burners working?				
210.02	Is the oven door secure and knobs and handles present? Is there at least one rack in the oven?				
**211.01	Is there a refrigerator that freezes and cools properly? Check gaskets/seals. Are there any other safety hazards? Is there at least one shelf present? Is grill present? If designed to have a grill?				
**212.01	Is there a sink in the kitchen with hot and cold water? Are handles present? Does the water drain properly? Is there adequate water pressure?				
212.02	Is the trap properly installed?				
212.03	Are all pipes and the faucet free from leaks or drips?				
212.04	Are holes around the pipes covered?				
213.01	Is there a space to store prepare food?				
213.02	Are cabinet doors and drawers properly installed? Knobs or handles present?				
218.02	Is there a direct or indirect heat source?				
<b>Item #</b>		<b>P</b>	<b>F</b>	<b>Pw/C</b>	<b>Repair required/Comments</b>
219.04	Does the permanent heater have a knob, and appear to be properly installed? (wall units, baseboards, vented gas, etc.)				
*219.05	Is there a fire extinguisher in the kitchen?				

	<b>BATHROOM</b>				
305.05	Is there no openable window? Is there a vent fan present?				
305.07	Does vent fan operate properly in bathroom?				
**312.01	Is there a sink in the bathroom with hot and cold water? Are handles present? Does the water drain properly? Is there adequate water pressure?				
314.01	Is there a flush toilet in an enclosed room?				
314.02	Does the toilet flush and shut off properly? Is it free from leaks/cracks, and does it have a toilet seat and tank top?				
*315.01	Is there a tub or shower with hot and cold running water? Is there adequate water pressure?				
312.01	Is the tub or shower free from leaks or drips and sharp objects, and does it drain properly? Are handles and levers present? Is there a need for caulking in or around the tub/shower area?				
316.01	Is there a door for privacy?				
318.02	Is there a direct or indirect heat source?				
319.04	Does the permanent heater have a knob, and appear to be properly installed? (wall units, baseboards, vented gas, etc.)				
	<b>BEDROOM(S)</b>				
*405.01	Is there at least one window, which opens to the exterior?				
418.03	Is the room free of a ventless gas heater?				
*432.02	Is there a smoke detector located outside the bedroom?				
*432.03	Does the smoke detector operate properly?				
502.01	Is there a means of illumination e.g. light fixture, wall outlet, windows in halls and living areas?				
532.02	If this room is used for sleeping, is there a smoke detector located outside the bedroom?				
*532.03	Does the smoke detector operate properly and one in the hallway?				
*632.01	If basement, is there a smoke detector present?				
638.05	Are all steps present, stable and secure?				
**638.08	If there are four or more steps, or the steps are 30" or higher and one side of the steps is exposed (open), is there one secure handrail with slats, lattice, etc. to prevent a person from falling through?				
**638.09	If there are four or more steps, or the steps are 30" or higher and both sides of the steps are exposed (open), is there two secure handrails with slats, lattice, etc. to prevent a person from falling through?				
<b>Item #</b>		<b>P</b>	<b>F</b>	<b>Pw/C</b>	<b>Repair required/Comments</b>
	<b>PLUMBING AND HEATING</b>				
718.01	TYPE OF HEAT: GAS OR ELECTRIC				
719.01	Is unit free of any unvented gas space heaters?				
719.02	If there are flues or gas or wood stoves, are they properly installed with secure pipes?				

719.03	Are collars present and installed securely, with no visible openings?				
<b>LOCATION OF WATER HEATER</b>					
720.01	Is water heater GAS OR ELECTRIC?				
720.02	Is there a temperature pressure relief valve with a 3/4" overflow pipe?				
720.03	Does the overflow pipe extend to within 6" of the floor or to the exterior of the unit?				
720.04	Gas water heater: Is the flue secure?				
720.05	Gas water heater:				
720.06	Gas water heater: If located in living or sleeping area, is it enclosed? (an acceptable enclosure is a "shield" that is secured to the wall or floor, provides ventilation, and is at least 6" higher than the water heater)				
720.07	Electric water heater: If it is readily accessible to the family, is the romex wire enclosed in protective conduit?				
720.08	Are there any hazardous or combustible materials stored on top of or near the water heater?				
720.09	Are cover panels present and securely installed?				
721.01	Specify water System: City or County, Private or Septic Tank				
721.02	If well water, is it tested every two years?				
721.03	Any leaks, rust or corrosion in water, odors, adequate pressure, or other problems?				
722.01	Specify Sewer System: (Circle) City, County, Private, Septic Tank				
*722.02	If septic system, is there any evidence of water, sewage in the yard, or does tenant report a problem?				
<b>GENERAL HEALTH AND SAFETY</b>					
824.02	If there are security bars on windows, does at least one in each room without an exterior door open from the inside?				
824.03	If unit, is more than 2 stories in there a fire escape?				
*825.01	For interior stairs and common halls if there are four or more steps or the steps, balconies, or ledges are 30" or higher, is there a secure handrail?				
838.05	Are all steps present, stable and secure?				
825.02	For interior stairs and common halls is there adequate lighting?				
825.03	For interior stairs and common halls is there any hazardous or failing conditions in the walls, floors, ceiling, windows or doors?				
826.01	Where local practice requires, do all elevator				
<b>Item #</b>		<b>P</b>	<b>F</b>	<b>Pw/C</b>	<b>Repair required/Comments</b>
	have a current inspection certificate? Are elevators safe and working?				
827.01	Is there evidence of insect, mice or rate infestation?				
828.01	Is the unit free from garbage and debris?				

829.01	Is the unit free from any other hazards not previously identified? Ex: protruding nails, broken soap dishes, etc.				
829.02	Are window air conditioners free of any exposed or frayed wiring, or any other hazardous conditions?				
829.03	Is cover present on window air conditioners?				
829.04	Is window air conditioner installed in such a manner that daylight cannot be seen above or around it?				
830.01	Unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?				
830.02	Does unit have adequate ventilation? NOTE: Consider availability of air conditioning in each room, number of openable windows in each room, type of unit, etc., when making this decision.				
831.01	Is there an emergency evacuation plan posted in the unit?				
832.01	Is there a smoke detector or fire alarm on each level of the unit (including the basement)?				
	<b>SMOKE DETECTORS FOR THE HEARING IMPAIRED</b>				
832.04	Does the smoke detector have lights, and is the detector installed in the bedroom of the hearing impaired tenant?				
*832.05	Is there at least one fire extinguisher available on every floor?				
832.06	Is there a ventless gas heater being used in the unit? Is there a carbon monoxide detector present?				
832.07	Is the carbon monoxide detector currently operating (power on)?				
	<b>LOCATION OF THE BREAKER BOX</b>				
833.01	Is there a metal cover over fuse/breaker box?				
*833.02	Are there any hazardous conditions inside or around the fuse/breaker box? Ex: exposed or frayed wiring of any type. Openings or holes around the box, etc.				
833.03	Are there any openings inside the fuse/breaker box? NOTE: "knock-out" caps or "dead" fuses are required. If openings are present inside.				
	<b>GENERAL HEALTH AND SAFETY: Exterior</b>				
934.01	Are the grounds free of garbage and debris?				
935.01	Are the covered trashcans or dumpsters for the tenants' use?				
936.01	Are the site and immediate neighborhood free				
Item #		P	F	Pw/C	Repair required/Comments
	from conditions which would seriously endanger the health and safety of the residents such as uncovered wells, deep holes, abandoned appliances, abandoned cars, broken glass, etc.				



936.02	Are all "out buildings" in sound condition?				
	<b>BUILDING EXTERIOR (front, rear, and sides)</b>				
*1003.05	Do all permanently installed light fixtures have covers? Front Side Rear of unit				
1009.02	Are all large exterior painted surfaces free of deteriorated paint?				
1037.01	Is the foundation free from large cracks, and does it appear stable?				
1037.02	Are all vents and crawl spaces covered?				
*1038.01	Are all stairs, rails and porches secured?				
**1038.05	Are steps present stable and secure?				
*1038.08	If there is a porch, balcony, carport, or any other exposed area 30" or higher, is there a secure rail with adequate protection (such as slats, lattice, etc.) to prevent a person from falling through?				
*1038.07	If there are four or more steps 29" or less in height, is there at least one handrail?				
**1038.09	If there are four or more steps, or the steps are 30" or higher, and one side of the steps is exposed (open), is there one secure handrail with adequate protection (such as slats, lattice, etc.) to prevent a person from falling through?				
1038.10	If there is a sidewalk present, is it free from large cracks or holes, and does it appear stable? (This includes the driveway to the unit.)				
1039.01	Any sign of roof damage or leaks?				
1039.02	If gutters, downspouts, and shutters are present, are they sound/secure?				
1039.03	Any signs of leaks or drips from hydrants?				
1040.01	Is exterior free from holes, missing siding, and does it appear airtight?				
1041.01	Is chimney sound, stable, and free from hazards?				
1043.01	Do plumbing vent pipes extend above the roofline?				
1043.02	Do gas or wood stove flues extend above the roofline?				
1043.03	Does the gas water heater flue extend above the roofline?				
1044.01	Are there any loose, frayed, or exposed wires that could be hazardous?				
1045.01	If unit has window air conditioners, are they installed securely?				
	<b>MOBILE HOMES</b>				
*1148.01	Are there tie downs? NOTE: If tie downs are inaccessible by the inspector, please note in comments.				
1148.02	Is underpinning present: Is it installed securely				
Item #		P	F	Pw/C	Repair required/Comments
	with no large openings?				
*	Is unit free of ventless gas heater?				
1148.03	If there is a wood burning stove present, is there a permanently installed, primary source of heat? NOTE: Wood burning stoves are not allowed as				

	the primary source of heat in a mobile home.				
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**DMRS  
SUPPORTED LIVING HOME  
CLOSURE OR CHANGE TO NEW AGENCY**

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1) Date: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Address of Home Closing: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

Agency Fax: \_\_\_\_\_

Agency Email: \_\_\_\_\_

2) Name of Agency: \_\_\_\_\_  
If only change is a new residential agency overseeing services at existing home.

Fax to: (615) 532-9940    ATTN: Betty Chester

**DMRS REQUEST FOR INSPECTION OF NEW  
SUPPORTED LIVING HOME**

\*Only used if home is being occupied for first time.

Date\_\_\_\_\_

AGENCY CONTACT\_\_\_\_\_

Agency Name\_\_\_\_\_

Agency Address\_\_\_\_\_

AGENCY PHONE# ( ) \_\_\_\_\_

AGENCY FAX# ( ) \_\_\_\_\_

Agency Email: \_\_\_\_\_

Agency Tax ID\_\_\_\_\_

**UNIT ADDRESS:** (Please complete all fields)

City\_\_\_\_\_ County \_\_\_\_\_ Zip\_\_\_\_\_

UNIT PHONE# ( ) \_\_\_\_\_

Unit Rent (per mo.) \_\_\_\_\_ #BR? \_\_\_\_\_

.....  
**TENANT INFORMATION**

☐ MR Housing

☐ Section 8 Rental Assistance

Name\_\_\_\_\_ SS#\_\_\_\_\_ Sex\_\_\_\_\_

Race\_\_\_\_\_ Birthdate\_\_\_\_\_ Proposed Move-In Date\_\_\_\_\_

☐ MR Housing

☐ Section 8 Rental Assistance

Name\_\_\_\_\_ SS#\_\_\_\_\_ Sex\_\_\_\_\_

Race\_\_\_\_\_ Birth Date\_\_\_\_\_ Proposed Move-In Date\_\_\_\_\_

☐ MR Housing

☐ Section 8 Rental Assistance

Name\_\_\_\_\_ SS#\_\_\_\_\_ Sex\_\_\_\_\_

Race\_\_\_\_\_ Birthdate\_\_\_\_\_ Proposed Move-In Date\_\_\_\_\_

\_\_\_\_\_  
Agency Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DMRS Signature

\_\_\_\_\_  
Date

Please fax to: Betty Chester at least 7 days prior to new home opening. (615) 532-9940